UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

* *
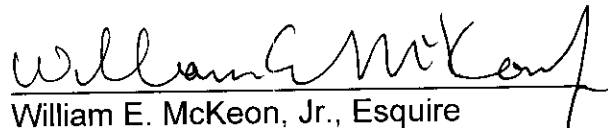
GREGORY J. LAUREANNO,   *

                           Plaintiff   *

    v.   *

                                     *

DEATON, INC.   *   C.A. NO. 04-11592 RCL
and   *
THEODORE WILLIAM BACALIS   *

                Defendants   *

* *

AFFIDAVIT OF SERVICE OF PROCESS

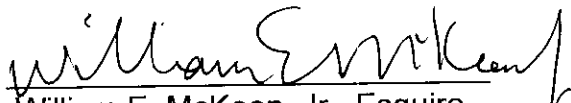I, William E. McKeon, Jr., on oath depose and say that:

1.   I have personal knowledge of the facts contained herein and they are true to the best of my knowledge and belief.

2.   On July 21, 2004, pursuant to Rule 4 of the Federal Rules of Civil Procedure, Rule 4.1 of the Local Rules of the United States District Court for the District of Massachusetts, and the Massachusetts Long Arm Statute, Massachusetts General Laws Chapter 223A, Section 6(a)(3), I served a copy of the Summons, Complaint and Civil Cover Sheets by mailing to him at Mr. Theodore William Bacalis, 3203 Westwood Crescent, Portsmouth, Virginia 23703, by Certified Mail, Return Receipt Requested, which Receipt is attached hereto.

3.   The above-enumerated documents were received by Teri Butler on behalf of the Defendant, Theodore William Bacalis, on July 24, 2004, as evidenced by the Return Receipt attached hereto.

Signed under the pains and penalties of perjury this 17th day of August, 2004.

William E. McKeon, Jr., Esquire
Ten North Main Street
Fall River, Massachusetts 02720
(508) 677-4424
B.B.O.#: 336510

CERTIFICATE OF SERVICE

I, William E. McKeon, Jr., Esq. hereby certify that this document was served on all counsel of record this day, August 17, 2004, by First Class U.S. mail, postage prepaid.

William E. McKeon, Jr., Esquire

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery 7/24/04
1. Article Addressed to: Theodore Wm. Brealer 3303 Westwood Crescent Portsmouth, Virginia 23703	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	7003 1680 0000 4089 8455

PS Form 3811, August 2001   Domestic Return Receipt   102595-02-M-1540